

UUCP DBE ANNUAL UPDATE PACKET**RE: Disadvantaged Business Enterprise (DBE) Annual Affidavit of No Change**

Dear DBE:

Thank you for participating in the Disadvantaged Business Enterprise (DBE) program. According to the Code of Federal Regulations, 49 Part 26.83(j), [each year, on the anniversary date of certification](#), DBE firms are asked to submit an Annual Update, including an affidavit certifying that no changes to ownership or control have taken place within their organization.

The following documents must be submitted with your Annual Update Affidavit to show that your firm continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26:

1. **Prior year's Federal Business and Personal income tax returns (with all schedules and W2's)**, [\(Please make sure your tax returns are signed and dated\)](#)
2. **Personal net worth statement** (attached).
3. Current **Balance Sheet** and current **Income Statement**.

The UUCP will use this information to validate continued eligibility in the DBE program by verifying that no changes have taken place in the ownership, disadvantaged status, control and size of the firm or information in your application. According to 49 CFR 26.109(c), an owner's failure to provide information and documentation requested for the annual update is considered failure to cooperate and can lead to a decertification, please don't let this happen to you.

[Return this packet to the agency who performed your UUCP DBE Certification:](#)

UDOT

Kathi Wilcox, UUCP Certifying Officer
Utah Department of Transportation
Civil Rights Section / UUCP
4501 South 2700 West – 4th Floor, Box 141520
Salt Lake City, UT 84114-1520
(801) 965-4102

UTA

Raymond Christy, UUCP Certifying Officer
Utah Transit Authority
P.O. Box 30810
Salt Lake City, UT 84130-0810
(801) 287-4675

SLCDA

Paul Marshall, UUCP Certifying Officer
Salt Lake City Department of Airports
P.O. Box 145550
Salt Lake City, UT 84114-5550
(801) 575-2945

Please fill out the following:

Authorized Name of Firm: _____

Street Address: _____

Mailing Address (if different): _____

Business telephone number: _____ FAX Number: _____

E-mail address: _____

Mobile Phone Number: _____

Name of contact person: _____

Name of person(s) who prepared this affidavit: _____

In addition to the information requested above, and the Annual Update information below, please provide copies of the following documents:

1. Business federal income tax return:

Most current business tax return with all filed schedules and all attachments.

2. Firms current BALANCE SHEET

3. Firms current INCOME STATEMENT

4. Personal federal tax return:

Owner(s) most current return with all filed schedules and attachments (**including W2's**).

5. Personal net worth statement*: (Please use the attached form).

Personal net worth means the net value of the assets of an individual remaining after total liabilities are deducted. An individual's personal net worth includes only his or her own share of assets held jointly or as community property with the individual's spouse.

(**Note:** to qualify as a disadvantaged individual, your personal net worth, as defined above, cannot exceed \$750,000.00, minus the equity of individual's ownership interest in primary residence and business).

6. Business size criteria: Please note that your firm must continue to meet the size standard for the DBE program (\$20.41million three year average gross receipts based upon tax returns for non concessions and \$30.0 million for concessions) and cannot exceed the SBA size limitations, for your particular industry, on an annual basis. See SBA NAICS Codes to determine size limitations at the following web site:

www.sba.gov/size/sizetable2002.pdf.

Change in Firm

If there have been changes in the firm since your certification or last annual update that would affect your ability to meet all of the DBE requirements listed above, you must attach a letter explaining the changes, along with supportive documentation. This information will be reviewed by the UUCP to determine if continued eligibility in the DBE program is warranted.

No Change Affidavit (must be notarized)

1. I (insert name of DBE firm owner(s), _____), swear¹ (or affirm) that there have been no changes _____ changes _____ (if there has been changes, attach supporting documents and only fill out #2 and #3 below) in (*insert name of DBE firm*) _____ circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR Part 26 and 13 CFR Part 121. I swear (or affirm) there have been no material changes in the information provided with (*insert name of DBE firm*) _____ application for certification, except for any changes about which I have provided written notice to the **Utah Uniform Certification Program (UUCP)** pursuant to 49 CFR § 26.83(i).

2. I swear (or affirm) that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified in 49 CFR § 26.5, without regard to my individual qualities. I further swear (or affirm) that my personal net worth does not exceed \$750,000.00, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

3. I specifically swear (or affirm), (*insert name of DBE firm*) _____ continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26 and, (*insert name of DBE firm*) _____ average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed (*insert DBE Firm's three year average*) _____. I provide the attached size and gross receipts documentation to support this affidavit.

Signature _____ *Date* _____

Signature _____ *Date* _____

Signature _____ *Date* _____

Signature _____ *Date* _____

On this ____ day of _____, year _____, before me appeared name(s) _____ to me personally known, who, being duly sworn, did execute the foregoing affidavit and did state that he or she was properly authorized by (name of firm) _____, to execute the affidavit and did so as his or her free act and deed.

Notary Public _____ Commission Expires _____ (SEAL/STAMP)

¹ Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment or both.

Date:	Personal Net Worth Statement (Each DBE Owner must complete)	Rev. 1/05/04			
Complete this form for: (1) each proprietor, or (2) each limited partner, each general partner, (3) each stockholder, or (4) any person(s) or entities upon which the disadvantaged status is dependant upon.					
Business Name					
Disadvantaged Owner's Name		Business Phone:			
Residence Address		Residence Phone:			
City, State & Zip Code					
ASSETS		LIABILITIES			
Cash on hand & in Banks	\$	Accounts Payable	\$		
Savings Account	\$	Notes Payable to Banks and Others	\$		
IRA or Other Retirement Account	\$	(Describe in Section 2)			
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$		
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$	Mo. Payments	\$		
Stocks and Bonds (Including Corporate Stock) (Describe in Section 3a or 3b)	\$	Installment Account (Other)	\$		
Real Estate	\$	Mo. Payments	\$		
(Describe in Section 4)		Loan on Life Insurance	\$		
Automobile-Present Value	\$	Mortgages on Real Estate	\$		
Other Personal Property	\$	(Describe in Section 4)			
(Describe in Section 5)		Unpaid Taxes	\$		
Other Assets	\$	(Describe in Section 6)			
(Describe in Section 5)	\$	Other Liabilities	\$		
		(Describe in Section 7)			
Total Assets	\$	Total Liabilities	\$		
		Total Net Worth = (Assets minus Liabilities)	\$		
		Deductions:			
		Subtract - Owner's Percent of Equity in Primary Residence	\$		
		Subtract - Owner's Percent of Equity in DBE firm	\$		
		Equals = Personal Net Worth	\$		
Section 1. Source of Income		Contingent Liabilities			
Salary	\$	As Endorser or Co-Maker	\$		
Net Investment Income	\$	Legal Claims & Judgments	\$		
Real Estate Income	\$	Provisions for Federal Income Tax	\$		
Other Income (Describe below)*	\$	Other Special Debt	\$		
Section 2. Notes Payable to Banks and Others. (Use attachments. Each attachment must be identified and signed.)					
Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency Monthly	How Secured or Type of Collateral
Section 3a. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					

Number of Shares	Name of Securities	Cost	Market Value Quotations/Exchange	Date of Quotation/Exchange	Total Value

Section 3b. Corporate Stock or Ownership Value in Company
(List value of stock or Ownership value in company)

Section 4. Real Estate Owned (List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Tax Lien Type	To Whom Payable	Amount	Attached to What Property?

Section 7. Other Liabilities. (Describe in Detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize the UUCP to make inquiries as necessary to verify the accuracy of the statements made. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of verifying Economic Disadvantage or obtain certification as a Disadvantaged Enterprise. I understand FALSE statements may result in possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Owner's Signature:	Date:	SSN Number:
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